

Isolation and Quarantine Referral Form
Persons Under Investigation and Stable COVID-19+ Individuals

Housing needs

Total number of individuals needing housing (for family members): _____

Name(s) of family members: _____

Transportation needs

Does the individual need transportation to the housing site? ☐ Y ☐ N

When will they be ready to move to the housing site (date/time): _____

Other needs

Does the individual have belongings that need to be stored? ☐ Y ☐ N

Does the individual have a car or vehicle that needs to be stored? ☐ Y ☐ N

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FOR INTAKE COORDINATOR ONLY

INTAKE COORDINATOR INFORMATION	
NAME: _____	PHONE: _____
REFERRAL COMPLETED: ☐ Y ☐ N ☐ PENDING	
IF NO OR PENDING, WHY: _____	
DATE THAT REFERRAL AND TRANSFER WAS COMPLETED: _____	

Condition of Individual

Will the individual need isolation or quarantine?

☐ I ☐ Q

Housing Site Identified: _____

Housing Site Contact Name & Number: _____

Transportation Identified:

☐ Y ☐ N

Transportation Contact Name: _____